



EMERGENCY REPAIR HOUSING PROGRAM

Division of Grants and Special Programs
200 East Main Street, 6th Floor, Lexington, Kentucky 40507
Phone: (859) 258-3070, Fax: (859) 258-3081

Application for Assistance

1. Date of Application _____

2. Name of Homeowner _____

3. Property Address _____ Zip _____

4. Nature of Housing Emergency: _____ Heating / AC _____ Electrical _____ Plumbing _____

5. Phone Number _____ Home _____ Cell _____

6. Number of Persons In Household _____ Adults _____ Children _____

7. Monthly Income of Household Members

\$ _____ Wages & Earnings

\$ _____ Social Security / SSI

\$ _____ Retirement / Pension

\$ _____ Child Support / Alimony

\$ _____ Other _____

\$ _____ **TOTAL MONTHLY INCOME**

I / we certify that all the statements on this application are true and correct to the best of my / our knowledge.
I / we understand that any willful misstatement of material fact will be grounds for disqualification.

Homeowner: _____ Signature _____ Date _____

Co - Owner: _____ Signature _____ Date _____

FOR OFFICE USE ONLY	
Placed on Waitlist _____	By: _____
Interview Date: _____	Income Verification Received: _____
Income Verified By: _____	Annual Gross Income: \$ _____
Eligible for Emergency REHAB Referral Yes _____ No _____	



EQUAL HOUSING
OPPORTUNITY